214	Inspector General of Medicaid Services, for the purpose of fulfilling the duties described in
215	Title 63A, Chapter 13, Part 2, Office and Powers;
216	(t) the following licensed physicians for the purpose of reviewing and offering an
217	opinion on an individual's request for workers' compensation benefits under Title 34A, Chapter
218	2, Workers' Compensation Act, or Title 34A, Chapter 3, Utah Occupational Disease Act:
219	(i) a member of the medical panel described in Section 34A-2-601;
220	(ii) a physician employed as medical director for a licensed workers' compensation
221	insurer or an approved self-insured employer; or
222	(iii) a physician offering a second opinion regarding treatment; [and]
223	(u) members of Utah's Opioid Fatality Review Committee, for the purpose of
224	reviewing a specific fatality due to opioid use and recommending policies to reduce the
225	frequency of opioid use fatalities[:]; and
226	(v) a licensed pharmacist who is authorized by a managed care organization as defined
227	in Section 31A-1-301 to access $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{the information}}] \leftarrow \hat{\mathbf{H}}$ on behalf of the managed care
227a	organization Ĥ→ the information of an enrollee that the managed care organization has a
227b	reasonable belief has obtained or was provided a controlled substance in violation of a
227c	medication management program contract between the enrollee and the managed care
227d	organization ←Ĥ , if:
228	Ĥ→ [(i) the managed care organization believes that an enrollee of the managed care
229	organization has obtained or provided a controlled substance in violation of a medication
230	management program contract between the enrollee and the managed care organization; and
231	(ii) (i) \leftarrow \hat{H} the managed care organization included a description of the medication
232	management program in the enrollee's outline of coverage described in Subsection
233	$31A-22-605(7) \hat{\mathbf{H}} \rightarrow \mathbf{; and}$
233a	(ii) the managed care organization explicitly notifies all enrollees in the medication
233b	management program description that the organization will monitor the controlled substance
233c	database to enforce the provisions of the program $\leftarrow \hat{H}$.
234	(3) (a) (i) A practitioner described in Subsection (2)(h) may designate one or more
235	employees to access information from the database under Subsection (2)(i), (2)(j), or (4)(c).
236	(ii) A pharmacist described in Subsection (2)(k) who is a pharmacist-in-charge may
237	designate up to five employees to access information from the database under Subsection (2)(1).
238	(b) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
239	Administrative Rulemaking Act, to:
240	(i) establish background check procedures to determine whether an employee◆

241	♦designated under Subsection (2)(i), (2)(j), or (4)(c) should be granted access to the database;
242	and
243	(ii) establish the information to be provided by an emergency department employee
244	under Subsection (4): and